

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

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TRACEY CORDES, CLERK
U.S. DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN

BY: mkc / SCANNED BY: [Signature]

UNITED STATES DISTRICT COURT

for the

LAJUANA C. ISAAC, D.D.S.

Plaintiff/Petitioner

State of Michigan et al.

Defendant/Respondent

Civil Action No.

1:14-cv-698

Janet T. Neff
U.S. District JudgeAPPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at:

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 8350.00, and my take-home pay or wages are: \$ 0 per

(specify pay period)

The office has not made enough money to sustain

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply): itself

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Brother - Herbert L. Isaac, II, MD - \$5000.00
to pay on office rent

Mother - Clorinda K. Isaac, R.N. - I have received large sums of money as needed to pay rent, car repairs, buy house, house repairs, food, gas, clothing, etc., as needed, licenses renewal, continuing ed classes, dental materials & equipment

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4. Amount of money that I have in cash or in a checking or savings account: \$ 100.00
\$500 in secured savings account

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

House - 859 Inglewood, Pontiac, MI 48341
 (my mother bought it for me) \$12,000, IRS lien for \$4,000
 2006 Acura TL - in my mother's name,
 -needs engine

2nd Hand dental equipment - in my Dad's name \$2000

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

DTE - \$140/mo
 Office Phone \$100/mo
 Water/Gas \$140/mo
 Student Loans - approximately \$100,000.00

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Veola Thomas - as needed

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

Student loans
 Taxes - IRS (\$75,000.00), State of MI, City of Detroit
 Dental kbs \$3500.00
 Dental Suppliers \$10,000.00

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 6-28-14

LAJUANNA C. ISAAC, DDS.
 Applicant's signature

LAJUANNA C. ISAAC, DDS.
 Printed name